

SECTION-BY-SECTION SUMMARY

THE VETERANS ACCESS, CHOICE AND ACCOUNTABILITY ACT OF 2014

Section 1

Short title and table of contents.

Section 2

Definitions.

TITLE I—IMPROVEMENT OF ACCESS TO CARE FROM NON-DEPARTMENT OF VETERANS AFFAIRS PROVIDERS

Section 101

Section 101 would require the Department of Veterans Affairs (VA) to offer an authorization to receive care via a non-VA provider to any veteran who is: enrolled in the VA health care system as of August 1, 2014, or who is a newly discharged combat veteran if such veteran is unable to secure an appointment at a VA medical facility within 30 days (or a future published goal established by the Secretary) or resides more than 40 miles from the nearest VA medical facility, with certain exceptions.

It also requires VA to provide a Veterans Choice Card to eligible veterans for facilitating care provided to such veteran from a non-VA provider.

This section would require VA to be secondarily responsible for costs associated with non-service connected non-VA care and services provided to veterans through non-VA providers. This section would also require an eligible veteran to pay a copayment to the Department for the receipt of non-VA care and services under this section, if such veteran is required to pay a copayment for such care and services at a VA facility.

This section would also require the Secretary to ensure non-VA providers submit to the Department any medical record information related to the care and services provided to an eligible veteran for inclusion in such veteran's electronic medical record maintained by the Department.

Finally, this section would require VA to submit to Congress an interim report that includes information on the number of eligible veterans and a description of the type of care and services furnished to eligible veterans under this section. A final report to Congress would be required within 30 days following the expenditure of 75 percent of the Veterans Choice Fund required by Section 802 of this Act to address the feasibility and advisability of continuing to furnish care and services under this section after the termination date.

Section 102

Section 102 would require VA, in consultation with the Indian Health Service (IHS), to conduct increased outreach to medical facilities operated by an Indian tribe or tribal organization to ensure they are aware of the opportunity to negotiate reimbursement agreements with VA.

This section would also require VA, in collaboration with IHS, to implement metrics to assess the performance of the current VA-IHS Memorandum of Understanding in increasing access to care, promoting collaboration, and ensuring that health-promotion and disease-prevention services are both available and appropriately funded.

Finally, it would require VA and IHS to jointly report to Congress, within 180 days of enactment, on the feasibility and advisability of entering into reimbursement agreements with Urban IHS Centers. Such report would also include the feasibility of including treatment of non-native veterans as a reimbursable expense under existing reimbursement structures.

Section 103

Section 103 would require VA to enter into contracts or agreements with the Native Hawaiian Health Care Systems for reimbursement of direct care services provided to eligible veterans.

Section 104

Section 104 would extend the current Project Access Received Closer to Home (ARCH) pilot program for two years in Veterans Integrated Service Networks (VISNs) 1, 6, 15, 18 and 19 with the purpose of improving access to health care for rural veterans.

In doing so, it would also require VA to make use of existing contracts or, in lieu of extending current contracts, authorize VA to enter into new contracts.

Section 105

Section 105 would provide that it is the sense of Congress that VA comply with section 1315 of title 5, United States Code of Federal Regulations, (commonly known as the “prompt payment rule”), in paying for health care pursuant to contracts with non-VA providers. It would also require the Government Accountability Office (GAO) to conduct a report, not later than one year after enactment, on the timeliness of payments by VA to non-VA providers for care and services provided to veterans.

Section 106

Section 106 would require VA, by October 1, 2014, to transfer the authority to pay for hospital care, medical services, and other health care provided to veterans through non-VA providers from VISNs and VA medical facilities to the Chief Business Office. It would also require the Chief Business Office to work with the Office of Clinical Operations and Management to ensure

care and services are provided by non-VA providers in a manner that is clinically appropriate and effective.

Finally, in each fiscal year after the date of enactment, VA would be required to include in the Chief Business Office budget funds to pay for hospital care, medical services, and other health care provided through non-VA providers.

TITLE II—HEALTH CARE ADMINISTRATIVE MATTERS

Section 201

Section 201 would require VA, not later than 90 days after enactment, to enter into a contract with a private sector entity or entities to conduct an independent assessment of the hospital care, medical services, and other health care furnished in VA medical facilities.

The assessment would include an evaluation of the present and projected health care requirements, capabilities, and resources; scheduling and workflow processes; methods of organization; leadership competency; staffing and productivity; and other related matters. VA would be required to report to Congress within 60 days of the conclusion of the assessment.

Section 202

Section 202 would establish the Congressional Commission on Care to undertake a comprehensive evaluation and assessment of access to care at VA and the organization of the Veterans Health Administration (VHA). The Commission would be composed of fifteen voting members appointed – in equal parts – by the Speaker and the Minority Leader of the House of Representatives, the Majority Leader and the Minority Leader of the Senate, and the President. The Commission would submit a report to Congress, not later than 90 days after its initial meeting, containing any interim findings and recommendations and a final report, not later than 180 days after the initial meeting, containing final findings and recommendations.

Section 203

Section 203 would require VA to review, through the use of a technology task force, the needs of the Department with respect to the appointment scheduling system and software. The task force would be required to report to Congress, not later than 45 days after the date of enactment, with specific actions that the Department can take to improve its scheduling system and software and determine whether an existing off-the-shelf system would meet the Department's scheduling and access needs. VA would be required to implement the recommendations of the task force deemed to be feasible, advisable, and cost effective within one year.

Section 204

Section 204 would require VA to improve access to telemedicine and other health care services by standardizing requirements for the operation of mobile vet centers and mobile medical centers. It would also require the Secretary, one year after enactment, to submit an annual report

to Congress to outline recommended improvements for access to telemedicine and health care services through mobile vet centers and mobile medical centers.

Section 205

Section 205 would require the Secretary to ensure scheduling and wait-time metrics are not used as factors in determining performance awards for certain VA leaders and employees. It would also require the Secretary to remove from any VISN or VA medical center performance goals that might disincentivize the coordination of care through non-VA providers. In addition, this section would require the Secretary to modify the performance plans for VISNs and VA medical centers to ensure that such plans are based on the quality of care received by veterans at VA medical facilities, including reviews and recommendations concerning such facilities by the VA Inspector General and the Joint Commission.

Section 206

Section 206 would require the Secretary to publish wait-times for scheduling an appointment at VA facilities in the Federal Register and on a public website for each VA medical center. This section would also require VA to publish on the Internet current wait times for appointments in primary and specialty care at each VA medical center.

Section 207

Section 207 would require VA to improve the information available to veterans regarding the location of residency training in the 'Our Doctors' database and make the database more visible on VA's website. This section would also require VA to provide to each veteran undergoing a surgical procedure by or through VA or individual acting on behalf of such veteran information on the credentials of the surgeon performing such procedure prior to such surgery. It would further require GAO, within two years, to report to Congress on VA's Patient Centered Community Care program and require VA, not later than 30 days after the report has been issued, to submit a plan to Congress and to GAO in response to GAO's findings and recommendations and to carry out such plan within 90 days.

Section 208

Section 208 would require VA to include information in the Department's annual budget submission regarding hospital care and medical services furnished through expanded use of non-Department contracts or agreements required under section 101 of this Act.

Section 209

Section 209 would require VA to establish, within 60 days of enactment of this Act, disciplinary procedures for any employee who knowingly falsifies or requires another employee to falsify data pertaining to wait times and quality measures for VA care.

TITLE III—HEALTH CARE STAFFING, RECRUITMENT, AND TRAINING MATTERS

Section 301

Section 301 would require the VA Inspector General (IG) to annually identify and publish in the Federal Register information regarding the five health care provider occupations with the largest staffing shortages throughout VA and would allow the Department to utilize direct hire authority to fill these positions in an expedited manner.

It would also require VA to report biennially on staffing at each VA Medical Center. It would increase the number of graduate medical education residency slots by up to 1,500 over a five-year period, with an emphasis on those pursuing primary care, mental health and other specialties the Secretary deems appropriate. VA also would be required to submit an annual report on graduate medical education residency slots.

Finally, it would give priority in VA's Health Professionals Educational Assistance Programs to providers who are pursuing an occupation that the IG has recently determined is an occupation in which VA has one of the largest staffing shortages.

Section 302

Section 302 would extend the Health Professionals Educational Assistance Program from December 31, 2014, to December 31, 2019. In addition, this section would increase the scholarship amount to a maximum of \$120,000, and the duration would be expanded to a maximum of five years.

Section 303

Section 303 would require VA, not later than 180 days after enactment, to implement a role-specific clinic management training program for two years to provide in-person, standardized education on health care practice management and scheduling to all appropriate employees as determined by the Secretary. VA would also be required to continue to update training materials on an ongoing basis and provide them to relevant officials as appropriate.

TITLE IV—HEALTH CARE RELATED TO SEXUAL TRAUMA

Section 401

Section 401 would extend counseling and treatment to veterans who suffered sexual trauma while serving on inactive duty for training.

Section 402

Section 402 would expand eligibility for care and services related to military sexual trauma (MST) at VA medical facilities to active duty servicemembers. Active duty servicemembers would not be required to obtain referral from the Department of Defense (DOD) before seeking treatment at a VA facility for MST. This section would take effect on the date that is one year after the date of the enactment of this Act.

Section 403

Section 403 would require VA to submit, not later than 630 days after enactment, a report to Congress regarding the services available at VA facilities for male veterans who experience MST. This section would also require, not later than 630 days after enactment, the VA-DOD Joint Executive Committee, for the next five years, to conduct an annual assessment of the processes and procedures regarding the transition and continuum of care from DOD to VA for individuals who have experienced MST. The assessment would also include the processes and collaboration by the agencies to assist individuals filing a claim for MST related disability.

TITLE V—OTHER HEALTH CARE MATTERS

Section 501

Section 501 would extend for three years, a pilot program to provide rehabilitation, quality of life, and community integration services to veterans with complex-mild to severe traumatic brain injury.

TITLE VI—MAJOR MEDICAL FACILITY LEASES

Section 601

Section 601 would authorize VA to enter into 27 major medical facility leases in 18 states and Puerto Rico.

Section 602

Section 602 would make a number of Congressional findings related to the budgetary treatment of VA major medical facility leases. It would require VA, subject to the availability of appropriations provided in advance, to record the full cost of the contractual obligation at the time a contract is executed either in an amount equal to total payments required under the full term of the lease or equal to an amount sufficient to cover the first year lease payments and any specified cancellation costs in the event that the lease is terminated before its full term. It would also require the funding prospectus of a proposed lease to include a detailed analysis of how the lease is expected to comply with Office of Management and Budget (OMB) Circular A-11 and

the Anti-Deficiency Act. It also directs VA, at least 30 days before entering into a lease, to submit to the Committee on Veterans' Affairs of both the House and Senate: (1) notice of the intention to enter into, and a copy of, such lease; (2) a description and analysis of any differences between the lease prospectus submitted and the proposed lease; and (3) a scoring analysis demonstrating that the proposed lease fully complies with OMB Circular A-11. VA must also report any material differences between the proposed lease and the lease entered into not later than 30 days after entering into a lease.

TITLE VII—OTHER VETERANS MATTERS

Section 701

Section 701 would expand the Marine Gunnery Sergeant John David Fry Scholarship to include surviving spouses of members of the Armed Forces who die in the line of duty.

Section 702

Section 702 would require VA to disapprove a course of education provided by a public institution of higher learning for purposes of Post-9/11 GI Bill and Montgomery GI Bill (MGIB) education benefits, if the institution charges tuition and fees for that course for the covered individual at a rate that is higher than the rate the institution charges for tuition and fees for that course for residents of the State in which the institution is located.

This section would require the public institution to charge the in-state tuition rate for Post-9/11 GI Bill and MGIB beneficiaries while the individual is living in the State and enrolls in a course of education within three years from discharge or release from military service.

Section 703

Section 703 would extend the reduction in the amount of pension furnished by VA for certain veterans covered by Medicare plans for services furnished by nursing facilities to from November 30, 2016, to September 30, 2024.

Section 704

Section 704 would extend the current rate of funding fee for housing loans guaranteed by VA to September 30, 2024.

Section 705

Section 705 would limit the aggregate amount of awards and bonuses paid to VA employees each fiscal year.

Section 706

Section 706 would extend from September 30, 2016, to September 30, 2024, VA's authority to obtain information from the Internal Revenue Service or the Social Security Administration for income verification purposes for needs-based benefits.

Section 707

Section 707 would allow the Secretary to remove or demote senior executives based on poor performance or misconduct, while maintaining such individuals' right to an expedited appeal by an administrative judge of the Merit Systems Protection Board.

TITLE VIII—OTHER MATTERS

Section 801

Section 801 would provide \$5 billion to VA to increase access to care through the hiring of physicians and other medical staff and by improving VA's physical infrastructure. The funds provided under this section are required to be available without fiscal year limitation. This section would also require a report to Congress, one year after enactment, detailing the obligation of such funds.

Section 802

Section 802 would establish in the Treasury a fund known as the "Veterans Choice Fund." It would authorize and appropriate \$10 billion, to remain available until expended without fiscal year limitation, to carry out section 101 of this Act.

Section 803

Section 803 would designate this Act as an emergency requirement under the Statutory Pay-As-You-Go Act of 2010 and the Concurrent Resolution on the budget for fiscal year 2010.